

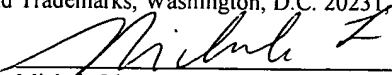


Attorney Docket: 1980P

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CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents and Trademarks, Washington, D.C. 20231, on **October 4, 2001**.


Michele Liu

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: October 4, 2001

Gregory GARDNER et al.

Serial No.: 09/742,848

Group Art Unit: 2166

Filed: December 20, 2000

Examiner: To Be Assigned

For: IMPLEMENTATION OF A SUPPLY-BASED MANAGEMENT SYSTEM IN A NETWORK ENVIRONMENT

Office of Petitions
Assistant Commissioner for Patents
Box: DAC
Washington, D.C. 20231

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OFFICE OF PETITIONS
DEPUTY A/C PATENTS

TRANSMITTAL LETTER

Sir:

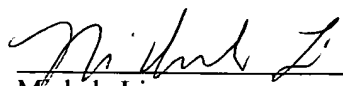
In response to the Decision of Refusing Status dated August 9, 2001, please find enclosed the following:

- 1) Transmittal Letter (original and two copies)
- 2) Petition under 37 CFR 1.47 – Inventor Refuses to Sign
- 3) Declaration of Jinny Nguyen
- 4) Declaration of Grace Alicea
- 5) Declaration of Michele Liu, with Exhibits A, B, and C
- 6) Check No. 3526 in the amount of \$130.00
- 7) Postcard.

If any unresolved issues remain, please contact Applicant's attorney at the telephone number indicated below. The Commissioner is authorized to charge any fees associated with communication, or credit any overpayment to Deposit Account No. 02-2120.

Respectfully submitted,

October 4, 2001
Date

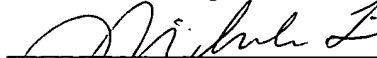

Michele Liu
Sawyer Law Group LLP
Attorney for Applicant(s)
Reg. No. 44,875
(650) 493-4540



Attorney Docket: 1980P

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Michele Liu

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Assistant Commissioner for Patents
Box: DAC
Washington, D.C. 20231

10/18/2001 AKELLEY
GTEFFERA 00000001 09742848
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10/18/2001 AKELLEY 0014293700
Name/Number: 09742848
Sir: \$130.00 CR

PETITION UNDER 37 C.F.R. 1.47
INVENTOR REFUSES TO SIGN

This Petition is in response to a Decision Refusing Status under 37 CFR 1.47(a), dated August 9, 2001. Applicant hereby submits this Petition to correct the deficiencies noted in the Decision:

Applicant submits herewith a declaration listing Gregory Gardner, Amrit Jassal, Bharti Agrawal, Suresh Narayanaswamy, and Trung Dinh as co-inventors. The declaration is executed by inventors Mr. Gregory Gardner and Amrit Jassal. Co-inventors, Bharti Agrawal, Suresh

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01 FC:122

130.00 OP

Narayanaswamy, and Trung Dinh have refused to execute the declaration as required by 37 CFR 1.63.

In accordance with 37 CFR 1.47, this Petition is accompanied by the following:

1. Declarations of Michele Liu, the Attorney of Record, Jinny Nguyen, and Grace Alicea, attesting to the pertinent facts surrounding the inventors' refusal to sign and Exhibits A, B, and C as proof of diligent effort to contact co-inventors, Bharti Agrawal, Suresh Narayanaswamy, and Trung Dinh.
2. The Inventors' last known addresses.
3. Check No. 3526 in the amount of \$130.00 for payment of the petition fee required by 37 CFR 1.71(i).

The name and last known residence address of the non-signing inventor is:

Trung Dinh
1820 Catherine Street
Santa Clara, CA 95050

Suresh Narayanaswamy
35904 Killorglin
Fremont, CA 94536


Bharti Agrawal
4319 Sila Avenue
Palo Alto, CA 94306

As all requirements of 37 CFR 1.47 have been met, Applicant respectfully requests granting of this petition and further processing of the Declaration submitted herewith.

The Commissioner is hereby authorized to charge any fees associated with this communication, or credit any overpayment, to Deposit Account No. 02-2120.

Respectfully submitted,

October 4, 2001
Date



Michele Liu
Attorney for Applicant
Reg. No. 44,875
(650) 493-4540

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10.12.01

2 Serial/Patent # 09742848

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

☒ Petition

10.9.01

\$130.00

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$130.

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 02--2120

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE: RS

SIGNATURE: Patrice Bond

PHONE: 308-6911

OFFICE: Office of Petitions

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Alison Kelly

DATE: 10-18-01

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, **stamped with the FEE ACCOUNTABILITY STAMP with the amount of the refund circled.**
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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	YELLOW:	<i>Attach to the official file.</i>
	PINK:	<i>Retain for originating office.</i>

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Office of Finance

Refund Branch

Crystal Park One, Room 802B

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